N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 25 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30304

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No.
Township Little Prairie — Primary Registration District No. 5-862 — Registered No. 1035
City R.F.D. Caruthersville — St. — Ward)

2. FULL NAME Sarah Florence White

(a) Residence, No. — St., — Ward. — (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF W. W. White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1877

7. AGE — YEARS 58 — MONTHS 0 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

FATHER
13. NAME Benjiman Crowell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Sarah Dunn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) W. W. White R.F.D. Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Cemetery DATE 9-26-35

19. UNDERTAKER (ADDRESS) H. S. Smith Caruthersville Mo.

20. FILED Oct. 9 1935 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-23-1935 to 9-25-1935
I last saw her alive on 9-23-1935. Death is said to have occurred on the date stated above, at 10 45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1933

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. R. Pinion, M. D.
(Address) Caruthersville, Mo.